

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17677

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6206 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Jackson</u>	c. LENGTH OF STAY (If this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>1670 Rural Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>1 mi S of Raymondville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>LOUISE</u>	c. (Last) <u>DIXON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 8, 1891</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Raymondville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>John H. Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Nail</u>	14. NAME OF HUSBAND OR WIFE <u>John</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Dixon</u>	ADDRESS <u>Raymondville</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Partial Obstruction of Massive Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 wks. 1 week. 8 wks. 1 year.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		
	DUE TO (c) <u>Carcinoma of Stomach</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>May 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 15, 1954 to May 31, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lucas B. Kelly M.D.</u>	23b. ADDRESS <u>Houston Mo.</u>	23c. DATE SIGNED <u>6/1/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 5-54</u>	REGISTRAR'S SIGNATURE <u>Muriel Craig 3270</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elbert Samuel Hore</u>	ADDRESS <u>Houston Mo</u>
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(Decedent Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank E. Hood.....

Licensed Embalmer No. 4026.....

P. O. Address Houston, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.